

Kentucky Teachers' Retirement System

Your Member Guide Book



Your guide to the
**KTRS Medicare Eligible
Health Plan (MEHP)**

GN91113RR08

HUMANA
Guidance when you need it most

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ABOUT HUMANA, YOUR MEDICAL COVERAGE PROVIDER

We are proud that the Kentucky Teachers' Retirement System has selected Humana to provide your medical coverage through the Medicare Eligible Health Plan or MEHP.

The KTRS MEHP is a self-funded group health plan that is provided to retirees and spouses who are not otherwise eligible for the group Medicare Advantage PFFS offered through KTRS. You are eligible for this KTRS MEHP if you do not have both Parts A and B of Medicare. The MEHP benefits are funded by KTRS and administered by Humana.

Humana Inc., headquartered in Louisville, Kentucky, is one of the nation's largest publicly traded health benefits companies, with more than 11 million medical members throughout the United States and Puerto Rico, including about 4.4 million Medicare members. Humana offers coordinated health benefits and related services – to employer groups, labor groups, government-sponsored plans, and individuals.

With more than 45 years of experience in the health industry, Humana is a recognized leader in the areas of wellness and chronic disease management programs for members. In addition to providing health benefits, we educate members about their choices and guide them to make informed decisions about their health coverage and care.

To find out more about Humana, visit our Website, **Humana.com**.



HOW THE MEDICARE ELIGIBLE HEALTH PLAN WORKS

INTRODUCTION

This booklet gives you an overview of the features and benefits of the MEHP, as administered by Humana.

The MEHP is not a Medicare Supplement contract. If you are eligible for Medicare, review the Medicare & You Handbook obtained from Medicare. The KTRS MEHP pays secondary when Medicare pays primary. You simply show your Medicare card, followed by your Humana identification card, each time you receive care and there is virtually no paperwork. If it is a Medicare covered expense and Medicare pays, after you pay your applicable cost share (deductibles, coinsurance/copayments) the MEHP pays the balance of Medicare approved amounts.

You may use any doctor, specialist, or hospital that participates with Medicare, accepts Medicare payment, and accepts the terms, conditions, and payment rate of Original Medicare fee schedules – there's no network as with an HMO or PPO. Also, your MEHP does not require referrals to access specialty care.

This Guide Book tells you about some features of the plan. It doesn't list every service the plan covers, every limitation, or every exclusion. You will receive a complete list of benefits in the mail called a "Summary Plan Description" booklet, which will fully explain your plan.



a Snapshot OF THE MEHP PLAN

FEATURES OF YOUR COVERAGE

- **Your choice of providers** – Simply choose a hospital, doctor, specialist, or other healthcare provider that participates with Medicare, accepts Medicare payment, and accepts the terms, conditions, and payment rate of Original Medicare fee schedules; you're not restricted to a group of doctors or hospitals.
- **Virtually no claims paperwork** – You simply show your Medicare card, followed by your Humana identification card, each time you receive care. Your provider will file the claim with Medicare and the claim will then be automatically submitted to Humana to administer on behalf of KTRS.
- **Limited out-of-pocket expenses** – Your copayments and coinsurance are limited each year, protecting you from catastrophic expenses.
- **Coverage when you travel nationwide** – Medical coverage available even outside the U.S.

Annual Out-of-Pocket Limit Gives You Extra Protection

Amounts you pay as coinsurance or copayment are limited each calendar year. If you reach this annual out-of-pocket limit, you pay no copayment or coinsurance for the rest of the year; the MEHP pays 100 percent of your Medicare-approved covered expenses. Some amounts you pay do not count toward this out-of-pocket limit. Please refer to your Summary Plan Description for more details.

Get All the Details of Your Plan

Complete details of your MEHP coverage are in the "Summary Plan Description" booklet you'll receive when your coverage begins. If your questions aren't answered here, just call Humana at **the Customer Service phone number listed on page 8**.

Using the MEHP Is Easy!

When you're a member, you'll have a Humana identification card to show you're covered by the MEHP. Use this card, each time you need care, with your Original Medicare card. Think of your Humana ID card as your passport to healthcare.



WHEN YOU NEED TO SEE A DOCTOR

Choose any doctor you need – a family practitioner, an internist, or a specialist. You have no network of providers – just confirm that the doctor you choose participates with Medicare, accepts Medicare payment, and accepts the terms, conditions, and payment rate of Original Medicare fee schedules.

Present your Medicare card followed by your Humana ID card when you receive care. Your doctor bills Medicare directly for your treatment, saving you the hassle of filing claims. When you're responsible for a copayment, you will pay that amount at the time of service. When you're responsible for paying a portion of the cost, the provider bills you directly.

The MEHP pays benefits for all covered office visits – from family practitioners and internists to specialists. Your plan may also cover routine annual exams, including tests, immunizations, and lab work.

If any of your doctors are unfamiliar with Humana, please have them call to learn more! The Humana Customer Service number is on page 8.

DOCTORS ACCEPTING MEDICARE PATIENTS AND MEDICARE ASSIGNMENT

If you use providers who do not accept Medicare patients and opt out of Medicare for the statutory two-year period, you will be liable for 100% of the submitted charges. If you use providers who do not accept assignment from Original Medicare, these providers may charge more for Medicare covered services, up to the Medicare limiting charge. And, you would be responsible for 20% of the Medicare limiting charge. If your provider accepts Medicare and Medicare assignment, you will be responsible for 4% of Medicare approved charges after you have paid the applicable copayments and deductibles. **See chart below for detailed explanation.**

PROVIDER ACCEPTS SELF-FUNDED MEDICARE ELIGIBLE HEALTH PLAN			After Applicable Copayments and Deductibles, Plan Pays	After Applicable Copayments and Deductibles, Participant Pays
Provider Accepts Medicare Patients	Provider Accepts Medicare Assignment	MEDICARE PAYS		
Yes	Yes	80% of Medicare Approved Charges	16% of Medicare Approved Charges	4% of Medicare Approved Charges
Yes	No	Provider bills Medicare up to statutory limits. Medicare issues benefits directly to the member, and the member pays the provider. Medicare limiting charge equals 115% of Medicare approved charges.	80% of Medicare Limiting Charge	20% of Medicare Limiting Charge
No	No	Provider opts out of Medicare for statutory two-year period.	0%	100%

WHEN YOU NEED HOSPITAL OR OUTPATIENT CARE

If your doctor recommends a hospital stay or outpatient treatment in a hospital or other treatment facility, present your Medicare card followed by your Humana ID card when you arrive for care. You'll be billed for your share of the costs. When you are responsible for a copayment, you will pay that amount at the time of service.

Even though your plan does not require pre-approval of hospital admissions, Humana recommends asking your doctor to notify us of your admission. The healthcare professionals at Humana may have information and special programs your doctor can use to help shorten your hospital stay.

WHEN YOU NEED EMERGENCY CARE


In an emergency, call 911 for assistance or go to the nearest emergency room. You are covered wherever you are. Your coverage is not limited by service area. If you need medical attention, you may go to any doctor, specialist, immediate care facility, or hospital. Remember to carry your Medicare card and your Humana MEHP ID card with you and show it to each provider before receiving care. If your ID card is not available in an emergency, you are still covered, however, you should still present your Medicare card.

ELIGIBILITY FOR THE KTRS MEHP

- Part A - Most people automatically get Part A coverage without having to pay a monthly premium to Social Security. This is because they or a spouse paid Medicare taxes while working. If you don't automatically get Part A at no cost, you are not required to purchase it and the KTRS plan will pay Medicare Part A expenses, excluding deductibles and copayments. Please see your Summary Plan Description for Part A benefit details.
- Part B - You must enroll in Part B and pay the required monthly premium to Social Security. If you fail to enroll in Part B or your Part B lapses due to nonpayment of premiums, you will be responsible for the cost of any Part B claims. Also, in some cases, your Part B premium could be higher if you fail to enroll when you first become eligible.



IMPORTANT PHONE NUMBERS



Humana wants you to fully understand your KTRS Medicare Eligible Health Plan coverage, which is secondary to Medicare. If you have questions about your plan, please call Humana. The special phone number listed below is dedicated to MEHP plan participants.

For questions about your plan, call:

HUMANA CUSTOMER SERVICE

Hours of service:

8 a.m. - 8 p.m. Local Time
7 days a week

1-866-396-8810; TTY1-800-833-3301

Also for your convenience, the official source of U.S. Government Medicare information is:

MEDICARE

Medicare.gov

Hours of service:

24 hours a day, 7 days a week

1-800-633-4227 (1-800-MEDICARE)

TTY1-877-486-2048

PLAN FEATURES TO MANAGE YOUR HEALTH

MYHUMANA – YOUR PERSONALIZED ONLINE PLAN INFORMATION SOURCE

You can go to **Humana.com** and register for *MyHumana* as soon as you receive your Humana ID card. *MyHumana* is a secure, personal Website customized with your plan details, claims, records, and other health benefits information.

With *MyHumana*, you can:

- Review your plan benefits
- Use health and wellness tools
- Look up your medical claims
- View or print your Summary Plan Description booklet

SPECIAL SERVICES FOR CERTAIN HEALTH CONDITIONS

INFORMED CARE MANAGEMENT (ICM)

is the ActiveHealth® disease management program that actively engages you and your doctor in your healthcare decision making process. It is a unique disease management program for people with chronic conditions and is designed to help you better manage your health and actively work with doctors to improve your care.

Through ICM you'll have access to a Nurse Care Manager who will act as your personal health coach. He or she will utilize a unique set of data, educational resources and technology to help you understand and manage your conditions. ICM is available for several different conditions.

Over the course of your conversations, your Nurse Care Manager will:

- Review your health information with you
- Discuss targets and goals related to conditions
- Prepare a plan to help you meet your health goals
- Suggest questions to ask your doctor
- Give you information about warning signs and symptoms and what you should do if they occur
- Identify ways for you to stay healthy
- Send you follow-up letters that summarize your engagement with the nurse and helpful educational materials

PLAN FEATURES TO MANAGE YOUR HEALTH

As a member of ICM, your Nurse Care Manager will ask you questions about your diet, exercise, allergies and over-the-counter medications. This information will be compiled with your claims data and fed into the CareEngine® System. The CareEngine is a program that continuously scans for opportunities for better care and identifies potential medical errors. If an opportunity is found for you, your Nurse Care Manager will contact you to discuss the details, answer any questions you may have, and suggest questions to ask your doctor.

If you qualify to participate in the program, you will receive an invitation to enroll. You can also contact us at the Customer Service phone number on page 8, if you feel you might benefit from the program. We will complete an assessment to see if you in fact qualify for participation.

ICM Conditions Addressed Include:

- Asthma - Adult
- Breast Cancer
- Cerebrovascular Disease (CVD)
- Chronic Hepatitis
- Chronic Lower Back Pain
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Renal Failure
- Colon Cancer
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Cystic Fibrosis
- Diabetes
- End Stage Renal Disease
- Gastroesophageal Reflux Disease (GERD)
- Hypercoagulable State
- Hypertension (HTN)
- Inflammatory Bowel Disease (IBD)
- Leukemia
- Lung Cancer
- Migraine
- Osteoporosis
- Parkinson's Disease
- Peptic Ulcer Disease (PUD)
- Peripheral Artery Disease (PAD)
- Prostate Cancer
- Rheumatoid Arthritis
- Seizure
- Sickle Cell Disease
- Weight Management

HUMANA ACTIVE OUTLOOKSM is a *no-cost* lifestyle enrichment program exclusively for Medicare members!

Enjoy one-on-one healthy living advice and Medicare news through regular educational mailings, online content, seminars, and classes.

Learn all about optimal living and the essential principles of good health and well-being from **Humana Active Outlook.**



- **Thrive! Live Life to the Fullest.** Stay in the know on health conditions and the latest research into healthy aging. Learn how to keep your cholesterol and blood pressure in check.
- **Nourish! Eat, Drink, and Be Healthy.** Get valuable information about keeping your diet nutritious and tasty, including wholesome recipes, tips on preparing meals for one or two people, and information about gaining and losing weight.
- **Discover! Health Is a State of Mind.** Learn how to improve your mind and memory through self-help and educational opportunities and mental exercises.
- **Partner! Get Connected.** Keep up to date on current issues that could affect your Medicare benefits, and check out opportunities to get involved and share your personal talents and experiences with others.
- **Inspire! Seize the Day.** Discover how to motivate yourself to make healthy, positive changes that are vital to your well-being, and how to assess your goals, attain them, and enrich your life.
- **Nurture! Cherish Your Loved Ones.** Enjoy a wealth of useful information and advice on caregiving, and have access to resources and tools that offer support and guidance to you and your family.

PLAN FEATURES TO HELP YOU STAY WELL

HAO magazine

This award-winning magazine* provides inspirational and informative lifestyle content that connects with members in a personal way – celebrating who they are and their accomplishments. Each issue features useful, up-to-date information on new technology, financial matters, travel, and health and wellness. You'll enjoy meeting and reading about members, receiving practical health advice from our medical advisors, as well as trying out home and cooking tips from lifestyle expert Lucy Pereda. We mail the magazine to your home four times a year.

* **2007 Healthcare Advertising Awards (HAA) - HAO Magazine** netted three **Gold** awards, marking the fourth consecutive year that **HAO** has earned top honors at the HAA.



SILVERSNEAKERS® (where available)*

When you become an MEHP member, you'll be eligible to participate in the innovative SilverSneakers® Steps program or the award-winning* SilverSneakers® Fitness Program at **no additional cost**. Either program gives you a great way to stay physically active, make new friends, and help maintain an independent, healthy lifestyle!

With SilverSneakers, you have free access to amenities like treadmills, weights, heated pools, and fitness classes that are included with a basic fitness center membership. After discussing with your physician, you can take signature SilverSneakers classes designed specifically for older adults and taught by certified instructors. Additional SilverSneakers options may be available at selected fitness centers as your fitness level progresses. A designated fitness center staff member called a Senior AdvisorSM will help you along the way.

SilverSneakers members have access to over 2,200 participating fitness centers. Once you're a SilverSneakers member, you can use any participating location in the nation. Visit **Silversneakers.com** to view lists by state, or for more details contact us at the Group Medicare Customer Service phone number on page 8.

If a participating SilverSneakers fitness center is more than 15 miles from your home, check out the SilverSneakers Steps program!

SilverSneakers Steps is a self-directed, pedometer-based physical activity and walking program that allows you to measure, track, and increase your activities. Steps provides the equipment, tools, and motivation necessary for you to achieve a healthier lifestyle through increased physical activity.

Get Fit, Have Fun, Make Friends!

Humana knows you care about your health. That's why we offer the SilverSneakers Fitness Program or SilverSneakers Steps as part of our many additional benefits. Go to **Silversneakers.com** or call today to find out more.

*If you live in Arizona, California, Delaware, Maryland, New Jersey or Pennsylvania, please see the next two pages for more information.

KTRS MEHP members who live in California, Delaware, Maryland or New Jersey, have access to fitness and wellness resources through Forever Fit – a program that helps busy older adults take charge of their health through diet, exercise, and more – **at no extra cost!**

With Forever Fit, you get:

- ♥ Membership at a participating fitness center.
- ♥ Access to nearly 8,000 participating fitness centers nationally
- ♥ All the amenities and programs associated with a standard membership at a participating fitness center

Best of all, you and your doctor can tailor the program to fit your personal goals and fitness level. Humana cares about your health!

Interested?

For more details contact us at the Group Medicare Customer Service phone number on page 8.



SILVER&FIT™

If you live in Arizona or Pennsylvania, Silver&Fit and Silver&Fit@Home is available for you!

Silver&Fit™ is a program designed for senior adults that incorporates exercise and health education to empower seniors to become physically fit. Silver&Fit includes:

- ♥ Basic membership at a local participating fitness club, which includes access to equipment such as weights and cardiovascular and resistance training equipment
- ♥ Group fitness classes designed specifically for seniors and focus on aerobic, flexibility and strength-training exercises
- ♥ Healthy aging classes with educational materials to help you make better health decisions
- ♥ Community social activities
- ♥ Toll-free member hotline
- ♥ Quarterly newsletter

Silver&Fit@Home™ is a home-based fitness and health education program for members who either don't have access to a participating Silver&Fit fitness club or prefer to exercise at home. Silver&Fit@Home offers a choice of either an exercise program or a walking program.

Exercise Program

Hand weights
Resistance bands
Instructional exercise DVD plus new programs each quarter
Quarterly newsletter
Toll-free member hotline

Walking Program

Pedometer
Activity-tracking tools
Quarterly newsletter
Toll-free member hotline

Please call the Group Medicare Customer Service phone number on page 8 for more details.





LOOK AT THE EXTRAS YOU GET FROM HUMANA!

The next several pages highlight Humana's "value-added" services – extras you get as an MEHP plan member.

Through a special arrangement with Humana, certain providers offer services to our members at discounted prices or at no additional cost. If the service charges a fee, you're responsible for all payments.

The value-added services listed on the following pages are subject to change. Before you use any service with a fee, ask the provider about other promotions or special offers that may reduce your costs.

The products and services described in this Guide Book are neither offered nor guaranteed by Kentucky Teachers' Retirement System or under Humana's contract with the Medicare program or KTRS.

These products and services are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Humana grievance process or the State Attorney General's office.

Should a problem arise with any value-added item or service, please call Humana Customer Service for assistance. See page 8 for the phone number.

PLAN SERVICES TO SAVE YOU MONEY

HUMANAFIRST® NURSES ARE ALWAYS AVAILABLE

Ever wish a medical professional was nearby? Someone you could call to get health information when you need it? Your MEHP membership makes that wish come true.

HumanaFirst is a toll-free, 24-hour-a-day health information line Humana makes available for you. Can you manage your care at home, or should you see a medical professional? Call to speak with a registered nurse who can answer your general health questions. A simple phone call can get you the information you need to make your decision.

There is no charge for calling HumanaFirst. Contact Customer Service for additional information.

HumanaFirst is not intended for emergency situations. Always dial 911 in an emergency.

VISION DISCOUNT PROGRAM

The vision discount program is available to you through HumanaVision and EyeMed. You have access to extensive EyeMed resources: 40,000 national providers at 20,000 locations, including optometrists, ophthalmologists, opticians and some of the most recognizable names in eye care: LensCrafters®, Pearle Vision®, Target, JCPenney Optical, and Sears Optical as well as many independent practices.

To select an EyeMed participating provider, visit the EyeMed Website (**Eyemedvisioncare.com**) and select the Provider Locator option under the "Member Access" section or call EyeMed's provider locator service at **1-866-392-6056**.

To receive your discount, just present your HumanaVision Discount ID card below when you arrive at the provider's office or location. The EyeMed provider will take care of the rest.

You have no claims to file and no waiting for reimbursement. The discount is applied directly to your purchase.

Program Limitations and Exclusions:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Aniseikonic lenses
- Medical or surgical treatment of the eye, eyes, or supporting structures
- Services provided as a result of any Worker's Compensation law
- Nonprescription lenses and nonprescription sunglasses (except for 20 percent discount)
- Services or materials other than provided by this program
- These discount programs are not part of your insurance
- Discounts are available only at participating providers

CUT OUT THIS CARD AND KEEP IT IN YOUR WALLET FOR HANDY REFERENCE.

HumanaVision Discount Card

MEMBER NAME: _____

MEMBER ID: _____

HUMANA
Guidance when you need it most

For more information, call EyeMed:
1-866-392-6056

This discount program is **not** part of your insurance. Discounts are only available at participating providers.

EyeMed ★ ★
VISION CARE

You may receive a 20 percent discount on items purchased at participating providers that are not specifically mentioned here. This discount may not be combined with any other discounts or promotional offers, and it does not apply to EyeMed provider's professional service, or contact lenses. Please discuss your needs with your EyeMed provider to be sure to get the best discount for your situation.



VISION CARE SERVICES	YOUR COST
Exam with Dilation as Necessary:	\$5 off routine exam \$10 off contact lens exam
Frames*: Discount on all frames available except when prohibited by manufacturer. <i>* Frames, lenses, and lens options must be purchased in the same transaction. Items purchased separately will be discounted 20% off of the retail price.</i>	35% off retail price
Standard Plastic Lenses (per pair)**: Single Vision Bifocal Trifocal <i>**Member cost is \$15 higher in AK, CA, HI, OR, WA</i>	\$50 \$70 \$105
Lens Options: UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate Standard Progressive*** (Add-on to Bifocal) Standard Anti-Reflective Coating Other Add-Ons and Services <i>*** The cost for Premium Progressive lenses equals the Basic Progressive lens retail price plus a 20 percent discount on the balance over this price.</i>	\$15 \$15 \$15 \$40 \$65 \$45 20% discount
Contact Lenses (Discount applied to materials only): Conventional	15% off retail price
Laser Vision Correction: Lasik or PRK from U.S. Laser Network	15% off retail price - or - 5% off promotional price
Frequency: Examination Frames Lenses Contact Lenses	Unlimited Unlimited Unlimited Unlimited

FREQUENTLY ASKED QUESTIONS

How does this plan differ from most other plans?

It allows members to use any healthcare provider that participates with Medicare, accepts Medicare payment, and accepts the terms, conditions, and payment rate of Original Medicare fee schedules.

How can I compare the MEHP plan to Original Medicare?

You can compare the MEHP and the Original Medicare Plan using your Summary Plan Description. The charts list some important health benefits. For each benefit, you can see what the MEHP covers and what the Original Medicare Plan covers.

Members receive all of the benefits that the Original Medicare Plan offers, plus additional benefits, which may change from year to year.

Does the plan include dental coverage?

No, the plan covers Medicare covered dental benefits only. Please refer to your Summary Plan Description for details.

Who do I call if I have questions about my plan? Customer Service representatives are available to provide guidance if you have a question or problem. Simply call the phone number listed on page 8.

How do I select my doctor?

You can see any doctor you like; the plan doesn't have a network. Just make sure the doctor participates with Medicare, accepts Medicare payment, and accepts the terms, conditions, and payment rate of Original Medicare fee schedules. Also, it's always a good idea to have one doctor who knows your medical history and any medications you take, to manage your care.

How can I find out if my doctor will accept Medicare?

Most doctors and other healthcare providers accept Medicare. However, ask if your doctor accepts Medicare. You may also call the number for Medicare listed on page 8.

What if my doctor has questions or needs information about the MEHP plan?

We have one of the strongest Medicare plan educational programs for doctors. Please have your doctor call the Customer Service phone number on page 8 to learn more about your plan.



What if my doctor isn't willing to accept the MEHP plan administered by Humana?

You can call the Customer Service phone number on page 8 to report that your doctor is not willing to participate. We will contact the doctor and offer education explaining that once the doctor files the claim with Medicare, it will automatically be sent to Humana for payment. If it is a Medicare covered expense, it will be covered by the MEHP. This is not a Humana network plan but a self-funded KTRS MEHP paid with KTRS funds. If the doctor still refuses to take the MEHP, you should seek care from another doctor who agrees to accept the plan.

What if I want a second opinion?

You can go to any doctor you choose for a second opinion. To receive the best benefit with this plan, seek second opinions from doctors who participate with Medicare, accept Medicare payment, and accept the terms, conditions, and payment rate of Original Medicare fee schedules.

Do I need to give both my Humana ID card and my Medicare ID card to my doctor or hospital?

Yes. Since you do not have both Part A and Part B of Medicare, you are not eligible for the Medicare Advantage Private Fee-For-Service plan and you must present both your Medicare card and your KTRS MEHP ID card provided to you by Humana.

How do I file a claim?

To request reimbursement for a charge you paid for a covered service, just send the Medicare Explanation of Benefits and a copy of your Humana ID card to the claims address on the back of the ID card. Make sure the receipt includes your name and Humana Member ID number.

What if I have coverage through other health insurance?

If you have other health insurance coverage, show your Medicare card and your Humana ID card, in addition to all other insurance cards, when you see a healthcare provider.

The MEHP may be used in combination with other types of health insurance coverage you may have. This is called "coordination of benefits."

What's the difference between emergency and urgently needed care?

Emergency care means medical conditions that are severe or cause severe pain. The severity of these symptoms or pain would lead a person with average knowledge of health and medicine to reasonably expect that immediate medical attention is needed to prevent any of the following:

- Serious risk to your health
- Serious damage or impairment to the functioning of your body
- Serious dysfunction of any organ or part of your body

Examples of covered emergency services include:

- Chest pain
- Difficulty breathing
- Severe burns
- Penetrating wounds
- Vomiting blood

FREQUENTLY ASKED QUESTIONS

Urgently needed care means covered services that are medically necessary due to an unforeseen illness, injury, or condition.

How is emergency care covered?

In an emergency, call 911 for assistance or go to the nearest emergency room. You are covered wherever you are. Your coverage is not limited by service area. If you need medical attention, you may go to any doctor, specialist, immediate care facility, or hospital. Remember to carry your Medicare card and your Humana ID card with you and show it to each provider before receiving care. If your ID card is not available in an emergency, you are still covered.

Can my membership in the MEHP be canceled by the plan?

Your membership cannot be canceled for reasons of age or health. Your membership can only be canceled by Humana if:

- You fail to pay any monthly plan premiums (if applicable).
- You engage in fraudulent or disruptive behavior that affects your health or the health of other members.
- KTRS notifies Humana that you are no longer eligible for their group plan.
- KTRS notifies Humana that they are canceling their MEHP with Humana.

What are my protections in this plan?

If the plan ever denies your claim or a service, we will explain our decision to you. You always have the right to appeal and ask us to review the claim or service that was denied.

GLOSSARY

Annual maximum benefit

The limit on the amount of benefits a plan will pay during a calendar year.

Behavioral healthcare

Treatment of psychiatric, emotional, or chemical dependency disorders.

Coinsurance

The percentage of the covered charge for services that you pay, after you pay any deductible or copayment.

Copayment

A specific dollar amount you pay directly to the provider for covered services.

Deductible

The amount you pay for certain covered expenses each year before the plan pays benefits.

Limiting charge

The highest amount of money you can be charged for a covered service by doctors and other healthcare suppliers who **do not** accept Medicare assignment. The limiting charge only applies to certain services, not to supplies or equipment.

Medicare Advantage plan

A Medicare-approved private insurance plan that pays similar to Original Medicare. You must be enrolled in both Part A and Part B of Medicare to be eligible for a Medicare Advantage plan.

Medicare assignment

When a provider agrees to accept the Medicare-approved amount.

Medicare-approved amount

Medicare's payment for an item or service. These amounts are subject to change from time to time. Providers accepting Medicare assignment cannot charge you or the plan more than your share of the Medicare-approved amount.

Original Medicare

Medicare Part A (hospital insurance) and Part B (medical insurance). Part A coverage is automatic for most people who are disabled, or age 65 and older; Part B requires a monthly premium.

Out-of-pocket limit

The maximum amount of covered expenses you pay in a calendar year. Once you reach your annual out-of-pocket limit, MEHP pays 100 percent of the Medicare-approved amount for most covered charges. Certain payments do not apply to the out-of-pocket limit. Please refer to your Summary Plan Description for more details.



Humana Plans are offered by the Family of Insurance and Health Plan Companies including Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. – A Health Maintenance Organization or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009 or administered by Humana Insurance Company

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Emphesys Insurance Company or insured or administered by Humana Insurance Company

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.